

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-67)**

SERIAL NO.  
**09/352422**  
PRIORITY

FILING DATE

**7-12-99**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2						
3						
4						
5						
6						
7	1					
8						
9						
10	1					
11						
12						
13						
14						
15						
16						
17	1					
18						
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20						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.	4					
TOTAL DEF.	13					
TOTAL	17					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
63						
64						
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99						
100						
TOTAL NO.						
TOTAL DEF.						
TOTAL						